

VILLAGE OF COVINGTON
AUTOMATIC WITHDRAW AUTHORIZATION

This document must be completed and signed by a Covington utility customer requesting automatic withdraw of funds to pay Covington monthly utility bills. Customers must attach a voided check for the account they wish to have funds withdrawn from to help verify the accuracy of account numbers and bank routing numbers.

Bank Name:	_____	Bank Phone #:	_____
Bank routing #:	_____	Bank Account #:	_____
Customer Email:	_____	Customer Phone #:	_____
Account Number of Utility Account(s) to include: _____			

Attach a voided check for the account to be debited here.

By signing this document I understand I am giving authorization for the Village of Covington to debit the from the above listed account, funds to pay monthly Covington utility bills. I further understand that this will be completed electronically or by any other commercially accepted method. I understand this also authorizes the financial institution holding the Account to post all such entries.

This authorization will remain in effect until the Village of Covington receives a written termination notice from me and has a reasonable opportunity to act on it.

_____	_____	_____
print name	authorized signature	date

VILLAGE USE ONLY

Date Entered into system _____ Completed by _____